



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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HAWAII

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
MAEDA	NANCY		689-7772
MAILING ADDRESS (Street)			FAX
91-1001 Kaimalie St., Suite 205			689-5757
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706-6250	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Haseko (Hawaii), Inc.			689-7772
MAILING ADDRESS (Street)			FAX
91-1001 Kaimalie St., Suite 205			689-5757
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706-6250	

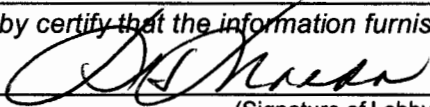
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Haseko (Ewa), Inc.		689-7772
MAILING ADDRESS (Street)		FAX
91-1001 Kaimalie Street Suite 205		689-5757
(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706-6250
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Nancy H Maeda		689-7772
MAILING ADDRESS (Street)		FAX
91-1001 Kaimalie Street Suite 205		689-5757
(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706-6250

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-4-05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Tsutomu Sagawa

Executive Vice President

NAME OF ORGANIZATION (if applicable)

Haseko (Hawaii), Inc.

TELEPHONE

689-7772

MAILING ADDRESS (Street)

91-1001 Kaimalie Street Suite 205

FAX

689-5757

(City)

Ewa Beach

(State)

Hawaii

(Zip Code)

96706-6250

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/4/05

(Date)